15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10100 CERTIFICATE OF DEATH 10094

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidance before admission)							
· Cecil MARYLAND	District of Columbia b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town)							
Perry Point 4 Mo. 8 days	Washington 47x-3							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS . IS RESIDENCE							
VA Hospital	5125 Astar Place S.E.							
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer							
(Type or print) George Washington	Blackwelder DEATH 9 17 161							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.							
Male Negro WIDOWED DIVORCED	9-11-1891 last pirthdey) Months 6 Pays Hours Min.							
done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Laborer -	Concord, N. C. U. S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Tobe Blackwelder	Ellen Melcom							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.								
Yes WW I Unk. VA	December 174 M. A. T. D							
	Records - VA Hospital - Perry Point, Md.							
18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH							
IMMEDIATE CAUSE (a) Pyelonephritis	s Chronic Bilateral Unknown							
177X DUETO D								
Conditions, if any, which \ (b)	truction, carcinoma? Unknown							
gave rise to immediate cause								
(e), steting the underlying Cause lest.								
(1)								
Arteriosclerosis generalized	PERFORMED?							
Arterioscierosis generalized	moderate YES T NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerosis generalized 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	ED. (Enter neture of injury in Part I or Pert II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)							
Hour a.m. While Not While	etory, street, office bldg., etc.)							
21. I certify that (this hospital) attended the deceased from	5-10-61 4:00 at m9-17-61 19 19 that filt for services							
XXXX riprestone with a transfer of the content of t	at death occured at							
22e. SIGNATURE	22b. DATE							
T. F. Garaer	M.D. PHYS. DIRECTOR PHYS. 2 9-17-61							
22c. PHYSICIAN'S	22d. ADDRESS							
NAME (1/100) J. L. GAREY, M.D.	VA Hospital - Perry Point, Md.							
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERS								
	yterian Church Concord, N. C.							
Removal								
24 TONERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE							
KELSEY FUNDAL HOME Concord, N. C	DATE SEP 20'61 arthur S. Krous							

- (41) [1002 Tentual of Columbia aniol gazal #508 B 403 4 FLUS MERE PLON MAIN Darbert AT 0 0 10 21 TO Smi Tomanti, t. S. T. B. M. B. A. TOTAL CENTER OF THE Louise althemisters of all Andrews Page Practice a pultburgado all entre Destination destinations assessed to the designation X LOTTER A DOLL DO LOT THE THE PERSON NAMED OF THE PERSON NAMED IN PORT OF THE PE T. D. CONES, RESET OF THE PARTY THE TRANSPORT of the formula deposit a second over spotsor MAN TO THE PROPERTY OF THE CHARLES

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page and be retained by the hospital or altending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10095 10095 10101

- N		444					
Λ	1. PLACE OF DEATH				ICE (Where deceesed lived		ice before admission)
	Cecil	L County	MARYLAND	e. STATE	¥land	Harfo	and /
39	b, CITY OR TOWN (IF	outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, s		
	write RURAL end	Point	27.70			7	1-11/
			27 · Days t in hospital, give street address)	d. STREET ADDRESS	re de Grace		
-			in nospiral, give streat edutessi				e. IS RESIDENCE ON A FARM?
0		ospital		420	Market Stre	et	YES NO
	3. NAME OF DECEASED	First	Middle	Lest	4. DATE M	onth Dey	Yeer
	(Type or print)	SAMUEL	B. 1	BLANSFIELD	DEATH	pt. 18.	1961
	5. SEX			DATE OF BIRTH		ers IF UNDER 1 YEAR	IF UNDER 24 HRS.
		2.52 2.4		11/18/16	last birthde	titioning pals	Hours Min.
	Male 100. USUAL OCCUPATION	MITTOR	IDOWED DIVORCED 106. KIND OF BUSINESS OR INDUSTR		44 yra		E WOLLE COLLIERY
	done during most of work	ing life, even if relired)	IOB. KIND OF BUSINESS OR INDUSTR	II. BIKI HPLACE (COU	inty & State, or foreign coun	ITY) 12. CITIZEN C	F WHAT COUNTRY?
		Electrician		Havre de	Grace, Md.	U.S	. A.
/-	13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	HUEY BLAN	CISTRED		Ella B	okan		
	15. WAS DECEASED EVER	IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. I		Add	ress	
	(Yes, no, or unkown) (Ify	esgive were reletes of services		TA T7		-	No.
	Yes	WW II	1217-052-2680 1 se per line for (e), (b), end (c).)	A Hospital	Records, Pe		
		WAS CAUSED BY:	se per time for (e), (b), end (c).)				TERVAL BETWEEN
	IA IA	AMEDIATE CAUSE (a) C	aronic Myelogenou	ıs Leukemia		Ap	x. 3 Yrs.
	209	DUE TO					
	Conditions, if any,	which \ (b)					
	gove rise to immediat	e ceuse					
	(e), stating the unc	benying					
		(c)	IS CONTRIBUTING TO DEATH BUT NO	T DEL 4 TED TO THE PERM	DIAL DISTACE COMPITION	observation was on an an an	O MAG ALEONOV
	PARI II, OTHER S	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART I(e)	PERFORMED?
							YES NO
	PART II, OTHER S O LEV 20a. ACCIDENT WAS CONTRIBUTING D (IF EITHER, NOTIFY A	UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Part ! of item 18.)		
~	UF EITHER, NOTIFY A	MEDICAL EXAMINER)					
	20c. TIME OF INJURY	Y Month, Day, Yeer	2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far.	m, ! 20f. (City or town)	(County)	(Stete)
	20c. TIME OF INJURY		WhileNot While fector	ory, street, office bldg., etc			
		19	et work et work	2 /2 2 // 2	-	14-	
	21. I certify the	at 🔥 (this hospital)	attended the deceased from	8/22/61	19.XX to9/.18	/61., 19.XXX	WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXX and that	death occured at 2.	\$.20A from the cause	s and on the da	ate stated above.
	22e. SIGNATURE						22b. DATE
	R.L	MANN	ey M.	Dittare T	MED. STAFF PHYS.	7	SIGNED
	22c. PHYSICIAN'S	. 1110011	, m.	22d. ADDRESS			
	NAME AType) I	. MOONEY, I	M.D. (PATHOLOGIST	YAH.	PERRY POINT.	MTD.	
	230. BURIAL CREMATIO REMOVAL (Specify)	21			23d, LOCATION (City,	town or county)	(State)
	1	9/1/6:	Angel Hill (emetery	Havre de	Grace. M	d
	24 PUNERAL DIRECTOR'S	SIGNATURE	/ ADDRISS #1	25e. RE		REGISTRAR'S SIGNAL	THIRE
A	Vennyt	in than	1. fune de true	Mel DATE	2 2 27	Commit A. 1	LANGE

E. S. C. L. L. * 0 = 0 Carron E1000 1.11.7 JALON TEEN BW 53 ý. .fide Companie p (= 1) 11,70,10 Harringe Viley, el. Yes Will Will-052-30%U A besselvil Internal Form Company of the Miles Pacolio alemente in disconti AST. S. TEN. 8/22/64 as 6/25/9 A SECTION AND A SECTION ASSESSMENT AND ADDRESS OF PARTY AND ADDRESS OF P . II. Made T. H. R. (Samulanary) Wat, Jank Tolking all . metas it. Previst angel atli Cameday Have de Grens, FG. AND THE CHARLES A STATE OF THE all and the world interview TO HOSPI. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P. M. may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funerelt director, page 3 should be detached for use as the burial-transit permit. Then plans remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		.0102		CERTIFIC	CATE	OF DEAT	М		40	200	C
1.	PLACE OF DEATH	1			2.	USUAL RESIDE	NCE [Whare d			dence bei	ors edmission)
		1 County		MARYL	AND	o. STATE	rinia	5. COU	Fairfa:	SC.	45
_	b. CITY OR TOWN [if outsida corporete limi	ts,	c. LENGTH OF STAY		c. CITY OR TOWN		porete limits, wri		and the latest designation of the latest des	t fown)
		y Point		23 Days		Oakt	ton				
1	d. NAME OF HOSPI	TAL OR INSTITUTION (if not In hos			d. STREET ADDRES			11/		IS RESIDENCE
1	VA H	ospital				Box	269	8	9 X.		ON A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h I	Эву	Year
	(Type or print)	MARTIN		HER	BR	AY	DEATH	nebes	1 /		19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. D.	ATE OF BIRTH	15	AGE (In yeers last birthday)	Months Day		NDER 24 HRS.
	Male	White	WIDOWE	D NORCED		2-4-77		83 yrs.	Months Day	ys Hou	rs min.
10. de	n. USUAL OCCUPAT	ION (Give kind of working life, evan if retire	d) 10b. K	ND OF BUSINESS OR I	INDUSTRY	1. BIRTHPLACE (Co	uniy & State, or	foreign country	12. CITIZE	N OF WH	AT COUNTRY?
	Farmer					Warrent		rginia	U	S.A.	
13	FATHER'S NAME				14.	MOTHER'S MAIDE	N NAME				
	Alpheu	s Bray				France	es Bur	dess			
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO	1	ORMANT		Addres			
_	Yes	SAW		ıknown	VA.	Hospital	Recor	ds - Pe	rry Po	int.l	1d
		EATH (Enter only one	ceuse per 1	na for (a), (b), and (c).	.1	•				INTERVA	ND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	G	.U. Tract	Infec	tion					
	47	DUE TO									
	Conditions, if any	which (b)	Ben	ign Prosts	atic H	vpertrop	hy.			3 W	eeks
	gave rise to immadi	DUE TO									
	(a), stating the u	nderlying (c)	Art	eriosclero	otic H	eart Disc	ease				
Z	PART II. OTHER	R SIGNIFICANT CONDI	-		Control Designation			CONDITION GI	VEN IN PART 10		
ATIC					*					YES T	ERFORMED?
FIC	20e. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURED. (Er	nter nature of injury i	in Pert I or Part	I of item 18.)		L	
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER									
	20c. TIME OF INJU	IRY Month, Day, Ye	er 20d.	NJURY OCCURRED 1	20e. PLACE (OF INJURY (Home, fa	arm. 20f. (Cit	y or town)	(County)	(Slete)
MEDICAL	Hour s.m.		While	_Not While		street, office bldg., a			,		
×	p.m.	19	et wor			05 (3		0 35 (3		
		hat (I)V(his hospi	,								
		**CENSCRECXXX		CXXXXXXX, an	id that de	ath occured at	LO.1.MO Bor	n the causes	and on the	date si	
	226. SIGNATURE	imard S	Si Ca	-	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
	Dr	Bernard S	Lin	a		VAH.,	Perry	Point,	Md.		
23	BENOVAL (SPECIAL)	ON, 236. DATE THE	REOF	23c. NAME OF CE	METERY OR			ATION (City, to			(Stete)
	REMOYAL (Specify) Burial	9/21/61		Fairfax	Cemete	ry	Fa	irfex.	/irginia	1.	
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			REC'D BY REGIS	TRAR 256. RE			74
	John 6	ellrich	421	o Bulair	. Rd	DATES	SEP 2 2 '6	1 a	vilua S. A	raud	4

5050 FICUAD IS Time Line takel givea potter TOTAL CO. AND THE PROPERTY OF THE PARTY O estain of a rinkers gangoortes .b., into 1 gras - eliterate - 1 i ou sale un maint TO ETO TENTE STORY . H.D. laning rouse to be tenent. AND THE TOWN THE PARTY OF THE P Tarit . Danier de . Mis. derig count, in. way was the way of the way the

FOR STATE

TO DEPUT: AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any does necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune Arector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gramation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				4.00				
1. PLACE OF DEATH s. COUNTY			ICE (Where decresed lived		batora edmission)			
Cecil	MARYLAND	e. STATE	i. со	Cecil				
b. CITY OR TOWN (if outside corporeta limits.	c. LENGTH OF STAY IN 16		(If outsida corporeta limits, v		aarest town)			
write RURAL end give nearest town)	4 Hrs.	13						
d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	ake City		e. IS RESIDENCE			
	ospiiai, grio situoi vouress,)			ON A FARM?			
2 NEWBOR					YES NO-			
3. NAME OF First DECEASED	Middle	Last	4. DATE M	onth Day	Yaar			
(Type or print) LEON	DELMONT	CARLTON	DEATH Sex	t. 1.	1961			
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (in ye	ars IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Male White WIDON	VED DIVORCED TIE	r. 11. 190)4 lest birthda		Hours Min.			
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State			WHAT COUNTRY?			
done during most of working life, even if retired) U.S. GOVT.	& D Canal	Penna		USA				
13. FATHER'S NAME	a, b outai	14. MOTHER'S MAIDEN	NAME	0021				
Leon D. Carlton			Lucy Buob					
(Yas, no, or unkown) (Ifyasgivawarordatesofservica)	6. SOCIAL SECURITY NO. 17. 1		Add					
No		y A. Carl	ton Ches	. City, A	id.			
18. CAUSE OF DEATH Enter only one cause pe	r lina for (e), (b), and (c).]		62 0		RVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	heute (arm all -	Machine	10	DEL AND DEATH			
DUE TO								
6 10 - 7								
gava rise to Immadiate cause								
(e), stating the underlying DUE TO								
cause last. (c)	DALFRICATION OF A PARTY BALLY AND	T DEL 4 TER TO THE PERSON	III. BUTTLET COUNTY					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 15	PERFORMED?			
3				Y	ES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CO	CRIBE HOW INJURY OCCURED. (ntar neture of injury in Pe	rt I or Pert II of ilam 18.)					
	I. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fare	m, ; 20f. (City or town)	(County)	(Steta)			
Hour a.m. Wh	ilaNot Whila tect	ory, street, office bldg., etc		(County)	(31618)			
₩ p.m. 19 et w	ork nt work							
21. I certify that I took charge of the re	emains described above, he	Id an Autopsy ,	Inspection No. Inc	uiry 🔀 and i	in my opinion			
death resulted from Natural causes	Accident . Suic	ide . Homicide	Undetermined	manner				
(A) 111	1	CHIEF MEDICAL	EXAMINER					
ACTUAL // V // NA	MAUM	ASSISTANT MED	DICAL EXAMINER	Di Di	ATE SIGNED			
SIGNATURE # CONTO		M.D.	L EXAMINER	//				
EXAMINER'S R. C. Dodson	M.D. R	ising Sun.	city rown, or county)	Lept 1, 1	961			
228. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, to	wn, or country)	(Stete)			
Burial Sept. 4, 1961	Bethel Come	terv	Nr. Chesar	eake City	v. Md.			
23. FUNERAL DIRECTOR	ADDRESS		O'D BY REGISTRAR 245.		1 2 2 2 2 2			
PIPPIN FUNERAL HOME	wedn Re Elkt	on, Md DATE	SEP 6 '61	Chillian S. K	intel .			

THUBL The state of the s in the state of the same of the same X are X over a contract The state of the s The production of the state of THE RESERVE OF THE PARTY OF THE

in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the occur commerce of the death, Pag. may be retained by the hospital or altending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mading or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the prior to burial.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	-					TUUS			
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where de		stitution, Residen			
Cecil		MARYLAND	a. STATE Mar	yland	b. COUNT	Harfo	rd		
b. CITY OR TOWN (if outside	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)		c. CITY OR TOWN	If outside corpo	rete limits, write	RURAL end give	neerest town)		
Perryville	nas rown	16 days	Forest	Hill.		128	.2,		
d. NAME OF HOSPITAL OR II	NSTITUTION (if not in h	ospital, give streat address)	d. STREET ADDRESS				a. IS RESIDENCE		
VAH., Perry							YES NO A		
3. NAME OF DECEASED	First	Middle O A TOW /	Last Last	4. DATE OF	Month	Day	Year		
(Typa or print)	JOHN	W. CARMA	TIA	DEATH	Sept	. 16,	1961		
5. SEX 6. COL	OR OR RACE 7. MARE	NED THEYER MARRIED 18.	DATE OF BIRTH	9.	AGE (In yeers	Months Days	IF UNDER 24 HRS.		
	ite widov	VED DIVORCED	1-7-79		last bythday) yrs.	months Days	Hours Min.		
10a. USUAL OCCUPATION (Giv. dona during most of working life,	e kind of work 10b.	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Coun	ity & Stele, or i	oreign country)	12. CITIZEN C	F WHAT COUNTRY		
Factory Worker		Canning	Jarretts	ville.	Md.	USA			
13. FATHER'S NAME			14. MOTHER'S MAIDEN			1			
Thomas Carn	าลท		Carrie	Snyder					
15. WAS DECEASED EVER IN U.S	. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT	on, del	Address				
Yes Yes Yes	MAST - 13	Tainn-macu	Hospital Re	acord s	Panns	Point	Ma		
18. CAUSE OF DEATH [1-09-8954	HOBPICAL IN	SCOLUB	reity		ERVAL BETWEEN		
PART I, DEATH WAS C	ATTICED BY		and Alle and and			10	ISET AND DEATH		
IMMEDIA		rcinoma Rt. Lung		sion to	parital	Ur	iknown		
10-1		ura & Hilar lump	n nodes.						
Conditions, if eny, which gove rise to immediate cause	la l								
(a), stating the underlying									
cause lest.) (c)								
PART II. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART I(e)	9. WAS AUTOPSY PERFORMED?		
3 Arterioscle	Arteriosclerotic H. D. Arteriosclerosis generalized Moderate YES NO [200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. [Enter deline of injury in Peril or Part II of Item 18.]								
PART II. OTHER SIGNIFIC Arterioscle 20a. Accident was unde OR CONTRIBUTING CAUS Of IF EITHER, NOTIFY MEDICAL	RLYING T 20b. D	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Perl Tor Part II	of Item 18.				
	L EXAMINER)								
20c. TIME OF INJURY M. Hour e.m.			CE OF INJURY (Home, farm		or town)	(County)	(Stete)		
Hour e.m.	19 et w	ile Not While factor	ory, street, office bldg., etc.	•] ;					
		anded the deceased from	8-31	167 10	9-16-	10 61	DESCRIPTION OF THE PROPERTY OF		
		CXXXXIIIXXXXIII that							
22a. SIGNATURE		A	dearn occured ark.	E. Z. NEEL BEDGE	ine causes a	and on the d	22b. DATE		
220. 3101401080	. 4 4	110.1 -	The second second	MED.	STAFF PHYS.	9-16-6	SIGNED		
22c. PHYSICIANS	0. 10	arey M.	D. 22d. ADDRESS	PIRECTOR IS	FII13.	7-10-0	7		
NAME ITYPE Dr	J.L. GARE	Y, El Patholog		, Perry	Point	Md.			
	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, law	n or county)	(Steta)		
REMOVAL (Specify) Burial	-19-61	William Watte	ers Mem.	Coor	otown. 1	laryland			
24 FUNERAL DIRECTOR'S SIGNA	ATURE // JOHN	ADDRESS	25a. REC	D BY REGIST	RAR 25b. REG	STRAR'S SIGNA	TURE		
MARTING	FINERAL	HOME' Jarrettsvil	le.Md. DATE S	EP 1 9 '6	1 a	illus S. The	J.C.		
THE TOTAL CONTOUR	A TANA COMPANY								

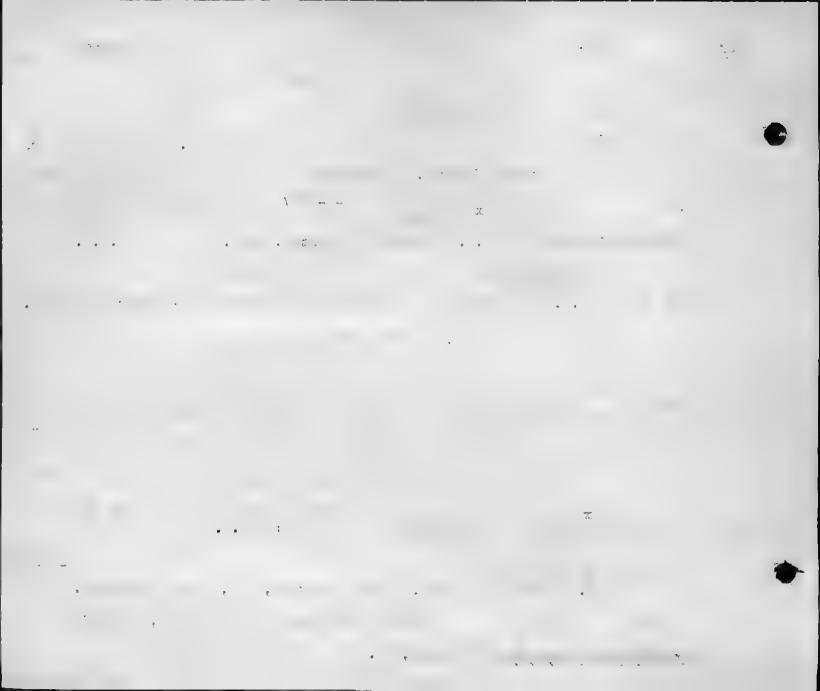
Bear ord for Local 1.0000 althropes. Lo date Lorol Milia. .B. , distal aggest , .B.V Edit is in the second ELISTIC IN LEGIT. and the ala. And the second s Sabran areas ing Its transfer inteller, the gar and atobility in the matter and the control of the control of the THE PARTY OF THE P entropied to be a series of the state of the are the major to demoent ettility in the grant product of the transfer of the state of the - Condition of the Committee Charleton, Prophy and The state of the s

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. Yes a death. Page may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

25

•		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAN!
10105	CERTIFICATE OF DEATH	40000

	10105		CERTIF	ICATE	OF DEA	TH _		100	99	
1. PLACE OF •. COUNT	DEATH COIL		MARY	LAND 2.	". SWErgi		b. COU		ence before edmissi	on)
Per	TOWN (if oulside corporete PRAL end give neerest town TY Point)	E. LENGTH OF STA		Arlin	gton	corporete limits, wr	ie RURAL end giv	e neerest town)	
d. NAME O	Hospital or institution Hospital	ON (if not in hospite	el, give street eddr	ess)	d. STREET ADDRE		t., No.	. 199	e. IS RESIDEN ON A FAR	M?
3. NAME OF DECEASE! (Type or pris	D nt)	Eugene T			lworth	4. DAT OF DEA	^	th De		
5. SEX Male	Whit	WIDOMET			3-1-1877	7	9. AGE (in year) last birthday) 84 yrs.	Months Days	R IF UNDER 24 HR Hours Min	
done during me	CCUPATION (Give kind of ost of working life, even if nment Worke	retired)	S. Govern		1. BIRTHPLACE (C	lounty & State,			OF WHAT COUNT	RY?
13. FATHER'S I		availabl	.е	14.	Not av		e			
15. WAS DECE (Yes, no, or unk	ASED EVER IN U.S. ARMED	FORCES? 16. SC esofservice) Unk	DOWN		cords -	VA Hos	Addre		oint, Mo	1.
geve rise to (a), stelling couse lest.	if eny, which immediate cause the underlying	(b) E TO							Allegado (France)	
CATIO	I, OTHER SIGNIFICANT CO		BUTING TO DEAT	H BUT NOT RE	LATED TO THE TER	RMINAL DISEA	SE CONDITION GI	VEN IN PART 1(e)	19. WAS AUTOP: PERFORMED: YES NO	?
	DENT WAS UNDERLYING IBUTING TO CAUSE OF DEA NOTIFY MEDICAL EXAMI	ATH	IBE HOW INJURY	OCCURED. (Er	ter neture of injury	r in Pert I or Pe	ut I) of item 18.)			
0	OF INJURY Month, Day r e.m. p.m.	7, Year 20d. INJ While 19 et work	Not While at work	20a. PLACE (factory,	OF INJURY (Hame, street, affice bldg.,	farm, 20f. (etc.)	City or lown)	(County)	(State)	
	rtify that 🖷 (this he				6 10 ath occured \$				date stated abo	
22c. PHYS		A Squab	len B	Medica	ATTENDING PHYS. 22d. ADDRESS 1 Servi	MED. DIRECTOR CO, VA	STAFF PHYS. W		22b. DAT SIGN 9-12-	NED
23e. BURIAL, C	CREMATION, 23b. DATE (Specify) 9 1		Arlin		CREMATORY National		ocation (city, it Arlingto		(Stete)	
Pennin	ert on & Son	Hayre d	ADDRESS • Grace	Md.		EP 14 '6	GISTRAR 256. R	EGISTRAR'S SIGN Ething S. Fran		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	101	06_		CERT	IFIC	ATE OF D		-		Reg. Dist. No	2.	
1	PLACE OF DEATH D. COUNTY Cec #1			MAI	RYLAND	d. SIAIE	DENCE (Wh		b. COUNTY_	Residence of		ian)
	b. CITY OR TOWN (If outside RURAL and give nearest taw	carporate limi n)	ls, write	c. LENGTH OF STA	Y IN 16			utside corporate li			earest law	n)
	R1ktor		ive street o		hr	d. STREET A		rlestown			e. 15 RES	IDENCE
	Union F	losnita	1									FARM?
	NAME OF DECEASED (Type or print)	Fir		Midd	le	D03	_	4. DATE OF DEATH	Month Septe	ember 9		Year 19
		OR OR RACE	7. MARR	IEU NEVER MAR	RIED 🔲	B. DATE OF BIRT		9. AG		FUNDER 1 YEA	R IF UND	ER 24 HRS
	Male whi		WIDOWE			March :		398 6	3 уп.	nomins Days	nuurs	Arien,
	USUAL OCCUPATION (Give during most of working life, or Combat Vchicle	kind of work of even if retired; Mecha	nic	Aberdeen	Pro			Run, Va		12.CITIZEN O	SA	OUNTRY
13	FATHER'S NAME			Ground		14. MOTHER'S			- 20 4			
	William Doss						saran	Catherin				
	WAS DECEASED EVER IN U. S i, no or unknown) Yes [If yes, give WW1	. ARMED FOR wor or doles of si	ervice)	SOCIAL SECURITY N 4-14-7693		Peter V	Willia	ıms Char	Addres 1estown	s 1, Mary.	Land	
	18. CAUSE OF DEATH [Ente		use per lin	/3	-					INI	ERVAL BE	TWEEN
	PART I. DEATH WAS IMMEDIA	CAUSED BY: ATE CAUSE (a)	(orone	Vy 6	Declusi	0 49					06.00
	420.0 Canditians, if any, whic	DUE TO	1	Arteris S.	clero	tie He	. + 1.	Disease			Cu.	, 7
	gave rise to immediat cause (a), stating the <u>under</u> lying cause last.	e (DUE 70		• •			_		_			
CATION	PART II. OTHER SIGNI			ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE CON	DITION GIVEN	I IN PART 1(a)	19 WAS PERFO YES [AUTOPSY RMED?
CERTIF	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	206. DESC	RIBE HOW INJURY	OCCURRE	D (Enter nature a	f injury in P	Part I ar Part II af	item 18)			
MEDICAL	20c. TIME OF INJURY Manth Hour a.m.	Day, Yea	r 20d. IN While at wark	JURY OCCURRED Nat while at wark		ACE OF INJURY (I		20f. (City or to	wn)	(County)	(State
	21. I certify that Lott	ended the	decease	ed from 3	0 4	vg . 1961	. to	95cnt	196/ th	at I last so	w the d	ecense
	alive on 95%	, +	. 196				0.0 3	M, fram the o				
	ACTUAL SIGNATURE	laus	H.1	hulur		M.D.		ADDRESS (Street, o				E SIGNE
	PHYSICIAN'S NAME (Type)	Klaus	H.	Huchue	- 1	4.1)				/	//	
220	BURIAL, CREMATION, 22b. REMOVAL (Specify) Burial	DATE THEREO		22c. NAME OF CE				22d LOCATION ((Stat	
23.	FUNERAL DIRECTOR'S SIGNAL		90I	ADDRESS	arles	stown	240. REC'I	Charl D BY REGISTRAR	24b REGISTI	CCCII RAR'S SIGNATI	CO	Md
	Hosein O	all Ro	rth F	Wast. Md				1 3 '61		of S. Krau		

offer deoth. Poge 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in byte funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haus

TO HOSPITA VS A15 (4) 15M 9/5B



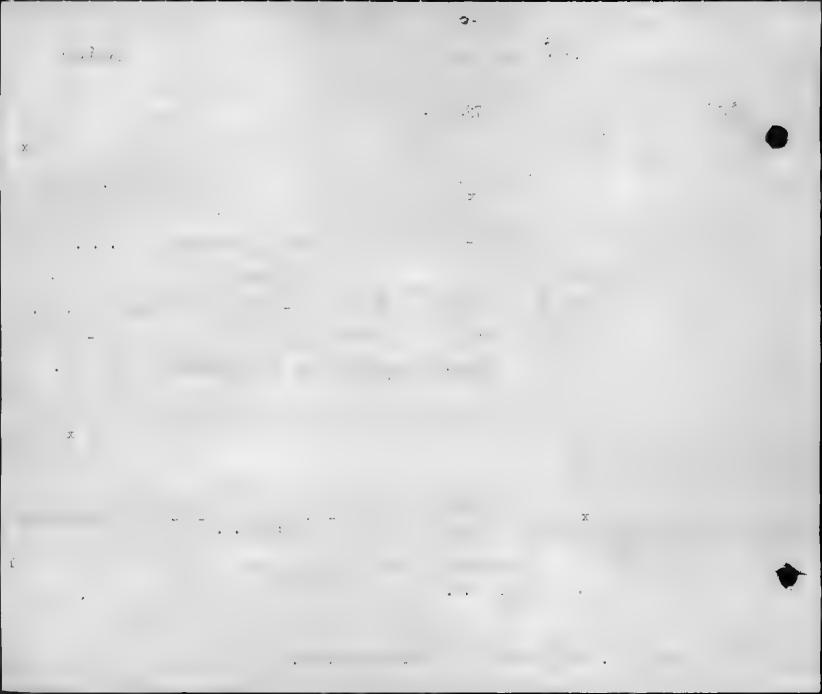
funeral 12 T Pages papers. Pag n 72 hours. completely and physician please guip has certificate ha prior 힏 After OR ATTENDING May be retained I death. Page V. IO FUNERAL director, page 3 be filed with the **VR A15 (4)**

15M 9/60

CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution 50 + 1 1m G > 16 1. PLACE OF DEATH a. COUNTY **b.** COUNTY Delaware Cecil New Castle MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Perry Point 7 r8Mo. 28davs Newark d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE RFD # VA Hospital ON A FARM? YES NO NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) Willard F. EARL DEATH SEPTEMBER 16 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 5 ast birthdey) Months Hours 6 Male Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (County & State, or tore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cherry Hill Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Earl Emma Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (lfyas give watordales of service) VA Records - VA Hospital Perry Point, Md. Unk 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN Bronchial Pneumonia 2-3 days DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) **DUE TO** Chronic Central nervous system disease of unknown stillogy Unk. Conditions, if eny, which gava risa to immadiata couse DUE TO (a), stating the undarlying cause lest. PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of invery in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 1 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (this hospital) attended the deceased from 12-19-53...19 22e. SIGNATUR 22b. DATE ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c PHN 22d. ADDRESS (Type) L. GAREY. VA Hospital - Perry Point, Md. 23a. BURIAL, CREMATION, 23b. DATE THER. OF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) Removal Iron Hill, Delaware Iron Hill Cemetery /20/61

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE BELL FUNERAL HOME Wilmington, Delan SEP 21 '61 arthur S. Hours



		10108	CERTIFIC	CATE OF DEA	TH	Reg. Dis	t. No.
M M	1. PLACE OF DEATH o. COUNTY Ceci	1	MARYLAN	II A STATE		COUNTY	Un Un Con)
	b. CITY OR TOWN (I RURAL and give no Perryvi		ite c. LENGTH OF STAY IN 1		(If outside carporote lim	its, write RURAL and g	ive nearest lown)
W	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give st	reet oddress)	d. STREET ADDRES			IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print)	First Edith	Middle	Fahey	4. DATE OF DEATH	Manth 9	Day Year 6 19 61
(I)	5. SEX Female	white win	MARRIED T NEVER MARRIED (OWED DIVORCED	10-1-190	0 lost	birthdoy) Months	Days Hours Min
	Housewif	ring life, even if retired)	10b KIND OF BUSINESS OR IN	Mar	vland	12. CITIZ	USA
	13. FATHER'S NAME Wakeman (a Baker		
		R IN J. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	John J. Faher	y Perryvil	Address	ınd
vent within		ATH [Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line for (o), (b), and (c)] Cardio-Vascu	lar Failur	9	_	INTERVAL BETWEEN ONSET AND DEATH
nd in any e	Conditions, if o gove rise to it couse (o), stating lying couse lost	mmediate DUE TO	evere Attack				9 hrs. 5 yrs.
מי)מאמן, מנ		IER S GNIFICANT CONDITIO	ns contribut ng to DEATH Obstructiv	BUT NOT RELATED TO THE T	ERMINAL DISEASE COND	ITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🔀
e l	(IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED (Enter noture of injur	y in Port i ar Part II of it	em 18.}	
	20c. TIME OF INJUR Hour a m. p m.	Y Manth, Day, Year 21	hive Nat white A	PLACE OF INJURY (Home, factory, street, office bidg		n) (C	ounty) (Stote)
fa bunai, ci	alive an 9	at I attended the dec	1.1 / 1	, 19 <u>58</u> , ta ath occurred at 3 •		uses and on the	it saw the deceased date stated above. DATE SIGNED
rar prior	PHYSICIAN'S NAME (Type)	Luis M. C	uza	M.D Ceci	L Ave.		Maryland
the registr	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETER		22d. LOCATION (C	ity, tawn, or county)	(Slote)
± ∠X	23. FUNERAY DIRECTOR	18/1/2011	Methodist ADDRESS 1 Bast, Marylan		REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	

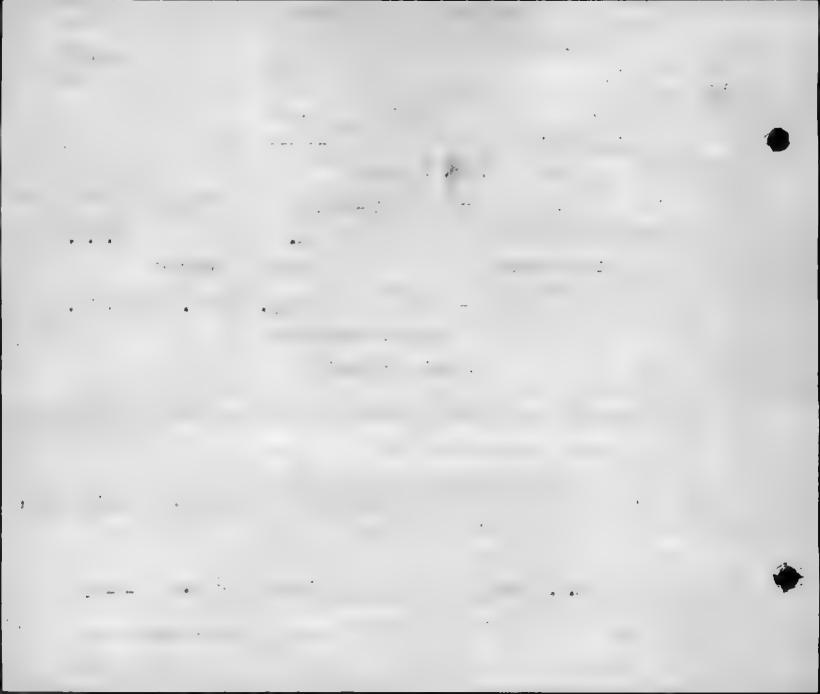
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



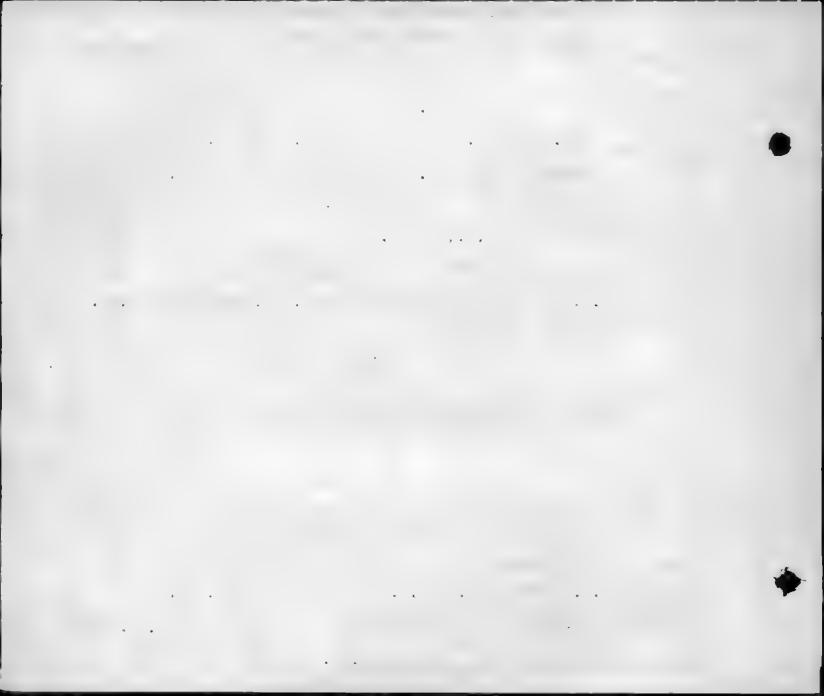
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution . councecil necessary, ector, Page director, Page for your files, oard of Health, New Castle a. STATE Del b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Eikton 2 days Newark d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) State Boar d. STREET ADDRESS e. IS RESIDENCE RD#2 ON A FARM? Union Hospital refained YES TO NO and 3 to the fune 3. NAME OF 4. DATE DECEASED Ferguson OF Lee the (Type or print) DEATH 2 with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 5. SEX AGE (in years | IF UNDER 1 YEAR) IF UNDER 24 HRS. age 5 may 1 and 2 wil 72 hours lest birthday) Months Hours WIDOWED A DIVORCED [ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, as 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during mest of working life, even if retired!

RIGITED Carpenter pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Ferguson Bradford Susanna E E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. wiih Union Hosp. Record. Elkton, Md. 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), end (c),) r's Office along was a burial-transit premoval, and in a INTERVAL BETWEEN Cerebral Hemmorrhage ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Arterio scherosis Conditions, if any, which (6) "pending" geva rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or rem **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTORSY PERFORMED? NO FA 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Not While at work at work Route E7 kton. Cecil 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my opinion death resulted from: Natural causes Accident 7 Suicide | Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE gries La Sun, Md. EXAMINER'S R.C.Dodson NAME (Type) DEP Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burial Head of Christiana Newark Delaware

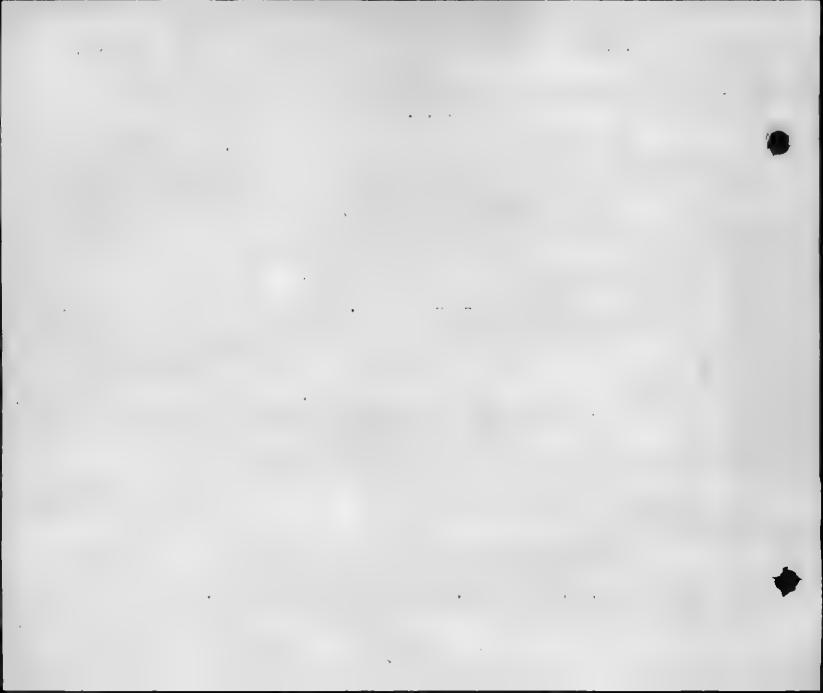
24a. REC'D BY REGISTRAR | 14b. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR VS. AISME SEP 11 '61 arthur & House 5M 9/60



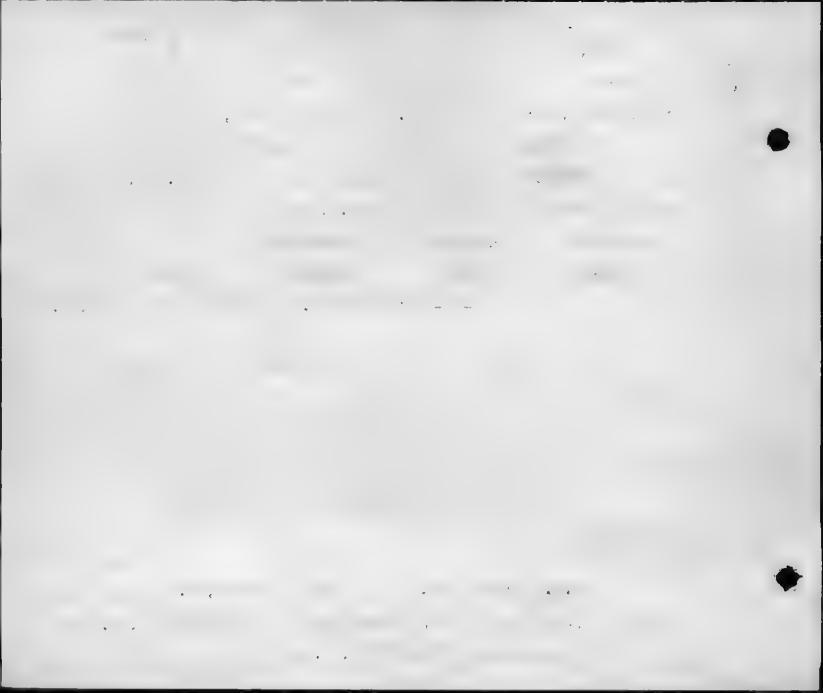
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



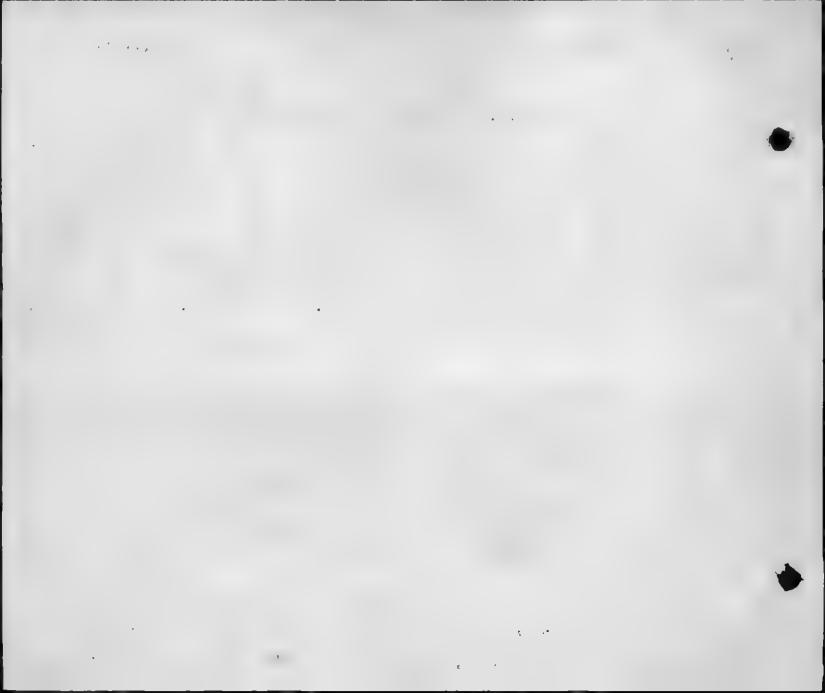
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) is no... is no... is director. Pas... vour files. a. COUNTY Cecil a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (It outside corporete limits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Fikton D. O. A. Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) daSTREET ADDRESS a. IS RESIDENCE ON A FARM? Union Hospital YES NO 3. NAME OF DECEASED the (Type or print) VIRCIE MARY FRANCIS DEATH 1961 Sent. 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with last birthday) Female WIDOWED 3 DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Un-employed North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Robinson Holland Shufford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Bertha Shufford Elkton, Md. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). r's Office along w s a burial-fransit pr removal, and in a INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) ONSET AND DEATH Fracture base of skull also fracture of both femurs, lower jaw with loss of teeth, compound fracture left tibia and fibula laceration of Conditions, if any, which geve rise to immediate cause DUE TO (*), stating the underlying right leg at the knee. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALL 19. WAS AUTOPSY 8 PERFORMED? YES NO TH plnous 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itom 18.) PRIMARY (or CONTRIBUTING) Walked out in front of truck on rte 40 Chief age 3 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY (County) (State) 20 19 61 of work at work Route should be forwarded to the PUNERAL DIRECTOR: Pa North East Cecil Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V. Inquiry 3 and in my opinion designated agent, death resulted from Natural causes Accident or. Suicide [Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO C. DODSON Riginary Sun Md A shoul CO FUN TO DE 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. | 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) REMOVAL FUNERAL DIRECTOR VS. ATSME arthur & Kraue 5M 9/60



	DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, M	ARYLAND
	10112	CERTIFICATE	OF DEATH	1010	
	1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where daceased lived, If institution, R	esidence before admission
V	Cesil	MARYLAND	a STAR arylan	LG b. COUNTY COG	il
Λ	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF a	outside corporale limits, write RURAL and	give nearest town)
	Port Deposit Rural	52 yrs.	^Port Depo	sit. Rural	
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
V	Craigtewn		Craig	town	ON A FARM?
	3. NAME OF First	Middle	Lest	. DATE Month	Dey Yeer
N	(Type or print) Catherine	Ann Fred	erick	DEATH Sept. 23.	1967
)	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Female White		eb.8.1888	73 yrs. Months	Days Hours Min.
۱	10a. USUAL OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (County	& Stele, or foreign country] 12. CITI	ZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	Own Home	Pennsylva	nia II	SA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		. D 21.
	Erastus	Woods	Amanda	Gregg	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	Rural
	(Yes, no. or unkown) (Ifyesgivewarordatesofservice)	214-24-6442 Wi	llis H.Fred	erick Port Depo	
	18. CAUSE OF DEATH [Enter only one couse	per line for (e), (b), end (c).		, o _ o _ o _ o _ o _ o	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ion our S/	11400		ONSET AND DEATH
	DUE TO			-	
	Conditions, if eny, which	bono ton the	1960 B	sidps , revente	6
	geva risa to immediate ceuse				1
	(a), stating the underlying DULTO	Canein Ki	رسما والم		
		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
,	OIL				PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pa	rt or Pert II of item 18.)	1112 [110 [
w.	PART II. OTHER SIGNIF CANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF THER NOTIFY MEDICAL EXAMINER:				
		Od. INJURY OCCURRED 20e, PLA	CE OF NJURY (Home, farm,	20f. (C'ty or town) (Cou	nty) (Stata)
	Hour a.m.	VhileNot While 1 factor	ory, straet, office bldg., etc.]		
		work et work	1-111	4	
	21. I cartify that (I) (this hospital) at			199 A. J. 10. 9-23	
	saw the deceased alive on	and that	death occured atw.	M, from the causes and on t	22b. DATE
	22e. SIGNATURE	-8/	ATTENDING ME	ECTOR PHYS. T	SIGNE
	22- PHYSICIAN S	- M	D. PHTS DIK	Total Daniel Daniel	2 G t
	NAME (Type) G.H. Rich	ards Jr.	Port De	posit Md.	
	23e. BURIAC, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, fown or count	y) (Stele)
	Bux1 1 (Pecify) 9-26-1961	1 1 0	metery	Pert Deposit,M	
	MA ENNERAL DIRECTOR'S SHOWLTHAN	/ ADDRESS		BY REGISTRAR 256. REGISTRAR'S	
	Vella Tallers Ann		le ,Md . DATGEP		
	Man		1 TOWINGET		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death. Ceci MERVIAND b. CITY OR TOWN (if outside corporate lim to & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pural Elkton R. D. Elkton R.D. c d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO X completely 3. NAME OF Middie 4. DATE DECEASED OF DEATH September (Type or print) 19 61 TISSOUR TA TOOD TESON 5 SEX 6. COLOR OR RACE T, MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BRTH last birthday) Months Hours Female 112, CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U. S. A. Housewife 13. FATHER'S NAME 1.14 MOTHER'S MAIDEN NAME please ⊆ altending Margaret Crothers Edward Todd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17 INFORMANT Address Then (Yes, no, or unkown) | (Ifyesgivawarordatesofsarvica) James H. Guibeson R. D. Elkton.Md. attending physician, as been signed by the IB. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava rise to immediate causa DUE TO (a), stating the underlying has cause last. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER. 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18) R: After this detached for 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) Month, Day, Year factory, street, office bldg., atc.) Not While While at work at work DIRECTOR: saw the deceased alive on. . 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. director, page 3 22c. PHYSICIAN S 22d. ADDRESS NAME (TYP 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cherry Hill Cemetery Cecil County Maryland 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE -ADDRESS VR A15 (4) Orthur & Thouse 15M 9/60 DATE SEP





FOR STATE **HEALTH DEPT** TO DEPL METERIAL EXAMENEE. This certificate should be executed within 24 Theorem if any sone search, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the fune or lifector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 bours after death.

> VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF WEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

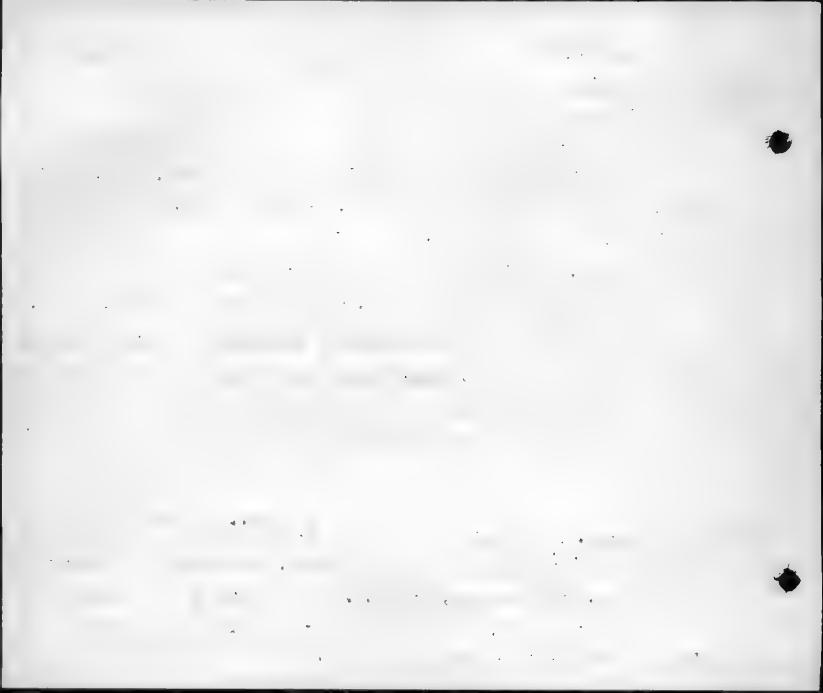
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1014	-MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
	EMEDICAL	EVWWIIIEV 3	CERTIFICATE	OF PEATE

۰		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Resignose headers admission) o, STATE b, COUNTY
		Cecil Maryland	Md. Cecil
1		b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give neerast town)
1		Cecilton 15yrs	% Gecilton
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve street address)	d. STREET ADDRESS 0. IS RESIDENCE
,			ON A FARM?
1		NAME OF First Middle	Last 4. DRTE Month Day Year
8		DECEASED (Type or print) HENRY	HUFF DEATH 9. 1 19 61
	5.		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS.
		M C WIDOWED DIVORCED	lest birthday) Menths Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
	doı	na during most of working life, even if retired)	SaGa UaSaAa
	13.	Inborer General	14. MOTHER'S MAIDEN NAME
			11 0
	15	John Henry Huff" WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17.	NO FECORD Address
		s. no, or unkown) ((iyasgivewerordetesofservice)	
	-		Mrs. John Henry Huff, Cecilton, MD.
		18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Acute coronary 1	makksOschusion
		DUE TO	
		Conditions, if any, which (b)	
		geve rise to immediate cause DUE TO	
		cause last. (c)	
	No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	Y		YES NO
2	CERTIFICATION		Enter nature of injury in Part I or Part II of Itam 18.)
	E	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	₹ E		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour e.m. While Not While et work et work	tory, street, office bldg., etc.)
		21 I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from Natural causes . Accident . Suid	
1		100000	CHIEF MEDICAL EXAMINER
		ACTUAL / VIII COMPLETE	ASSISTANT MEDICAL EVANIMED TO DETE SIGNED
		SIGNATURE	• M.D
		EXAMINER'S NAME (Iype) D.C. Todgor	DEPUTY MEDICAL EXAMINER THE SITE STATE STA
Ė	220	NAME (Type) R.C. DOCSON . BURIAL, CREMATION, 226. DATE THEREOF . 226. NAME OF CEMETERY O	
•	R	REMOVAL (Specify) 9/4/6/	1. P. CEN (ENIT) (ENIT NO
ŧ	23	FUNERAL DIRECTOR / FUNERAL DIRECTOR / ADDRESS.	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	3	- dune of the Warm Mille int	Md DATSEP 7 '61 Chiling & Knows
J	(survay Jenens, o mungus	DATE DATE

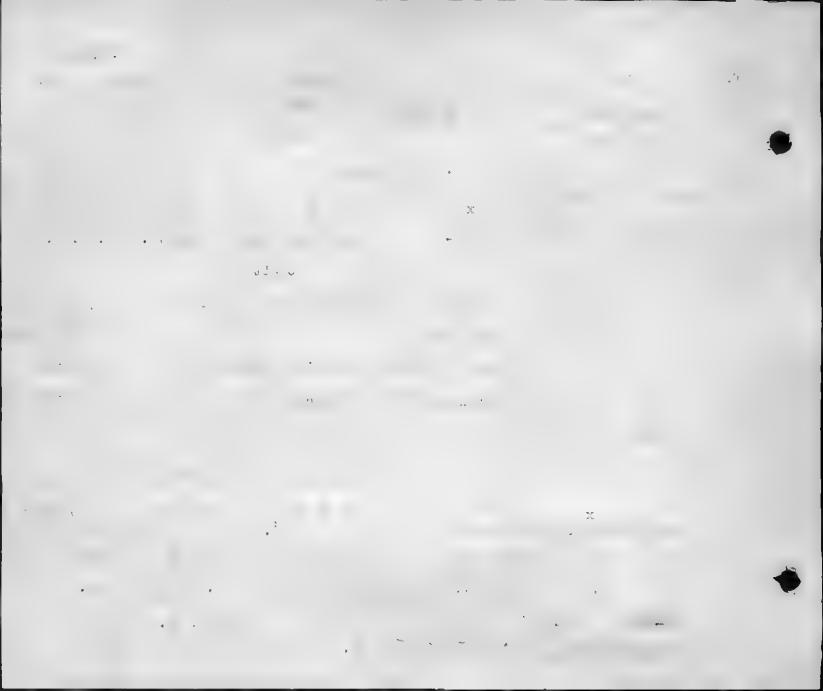
1, 0 death o

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution e. COUNTY b. COUNTY Cecil Prince Georges MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) Bowie Perry Point 78 davs = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) 99 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 161 VA Hospital YES NO papers. n 72 ho completely 3. NAME OF First Middia 4 DATE Month DECEASED 1961 OF Roy Leggett D. (Type or print) DEATH carbon ¥ihi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR | Male and White last burkday) Months Hours DIVORCED I WIDOWED IT physician 10a. USUAL OCCUPATION (Give kind of work гетоуе 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona duping most of working life, even if refired)

Maintenance Man Harrison County, West Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Henry Leggett **Eretta** Bates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Yes VA Hospital Records - Perry Point, Maryland Unknown 18. CAUSE OF DEATH (Enter only one causa par line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY-To 4 Weeks Peritonitis signed IMMEDIATE CAUSE (a) the burial-transit the burial, cremation, DUE TO aftending Gastric Fistula Following Operation 2 Months Conditions, if any, which {b} gava rise to immadiata causa DUE TO (e), stating the underlying hospital or an certificate has Unknown Carcinoma Of The Stomach cause lest. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Itali 19. WAS AUTOPSY CERTIFICATION PERFORMED? X NO 1 None 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) ά 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not While Hour a.m. at work at work p.m. may be retain DIRECTOR: 21. | certify that 2) (this hospital) attended the deceased from..., 19....., that (4) 4016 468 22e. SIGNATURE 22b. DATE ATTENDING FUNERAL D rector, page 3 s filed with the SIGNED 9 - 2 - 61PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. MOONEY, M.D., Asst Clinical Pathologist, VAH., Perry Point, Md. 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, (State) REMATION, | 23b. 気がの Arlington National Ft Myer. 25a. REC'D 8Y REGISTRAR : 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



10118 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY o STATE b. COUNTY ij MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO .= NAME OF Middle 4. DATE Lost Month Year Day filled DECEASED (Type or print) DEATH 19/ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In feors IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours camplet DIVORCED | WIDOWED 5 **Y13** 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during most of working life, even if retired)

AT HOME 12 CITIZEN OF WHAT COUNTRY? dod pup pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car physician 늄 15 WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY-**DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES MO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Fram 18) HE EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Haur o. m. factory, street, affice bldg., etc.) While Not while at work at work p. m 21. I certify that I attended the deceased fram, 1952, that I last saw the deceased alive an and, that death accurred at 6 250M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 0 þ ACTUAL SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22d. LOCATION_(City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) pode REMOVAL (Specify) EORGES BURIAL 0 23 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE SEP Callun & House 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



after death;

hours

requires that the



MARYLAND STATE DEPARTMENT OF HEALTH

		10120	L RESEARCI	CERTIFICAT	, 301 W. PRESTO		T, BALTIMO	A OA	YLAND	
1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where	decessed livad. If	institution: Reside	tra heloza	a dmission
	a. COUNTY	Cecil		MARYLAND	a. STATE		b. COUR	AIA T	V	/
	b. CITY OR TOWN (if outside corporeta limi	is, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN				pearest to	wn)
L	Perry Pot			yrs.7mo.20d	A CASE	hingt	on		<i>†</i>	7.×~
!	d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospitel,	give sireel address)	d. STREET ADDRESS	5				RESIDENCE
		Administra	tion Ho	*	4905 -		reet, N.	W.	YES [
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Montl	h Dey	y Yes	br
	(Type or print)	MAR		E	NEACEY	DEAT	pehre			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 🔣 8	. DATE OF BIRTH		AGE (In years Jast birthdey)			R 24 HRS.
	Pemale	White	WIDOWED [DIVORCED	5-6-93		68 yrs.	Months Days	Hours	Mine
		ION (Give kind of work rking life, even if retire		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, o	r foreign country)	12. CITIZEN	OF WHAT	COUNTRY
	Saleswe			. Store	Washingt	ton. D.	. C.	USA		
13	FATHER'S NAME				14. MOTHER'S MAIDEN			- :		
	J	ames P. Ne.	acey		Mary Eliz	zabeth	Creveli	ing		
	Yes 18. CAUSE OF D PART I. DEAT Conditions, if any gave risa to immedi (a), staling the u ceuse lest.	ale couse ndarlying DUE TO	Acute	的,他们的。 Cholecysti					TERVAL BE	TWEEN DEATH
ATION	PART II. OTHE	R SIGNIFICANT CONDIT		itis, chron		INAL DISEASE	CONDITION GIV	/EN IN PART 1(e)		AUTOPSY ORMED?
CERTIFICATION	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		HOW INJURY OCCURED		Pert I or Pert	il of item 18.)			10 51
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Yes VA 19			CE OF INJURY (Home, far ory, street, office bldg., et		ily or town)	(County)		(Stete)
	21. I certify t	hat XIX XIXIX RAEAC	XI) attended	the deceased from	January 22	219.42 to	Sept]	.1, 1961x	cstacont	රගවල්ය
2	Managhachista	COLORINAE MARCHINERO	XXXXXXX	xxxxx and that	death occured at	M, fro	m the causes	and on the	date state	d above
	228 SIGNAPORE	(vele			ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			b. DATE SIGNED
	22c, PHYSICIAN'S NAME (Typa)	S. GOLDG	RABEN	Chief, Medic	al Sergice.	VAH,	Perry P	oint. M	d.	

238 BURIAL CREMATION, 236. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

23d. LOCATION (City, town or county)

Washington, D. C. Timothy Hanlon Fun. Home, Wash. D. C. Ave. NW. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 1 4 '61

VR A15 (4) 15M 9/60



FOR STATE **HEALTH DEPT.** pobeve execute the certificate, writing the word "bending" in pencil in lem 18. Give Pages 1, 2, and 3 to the tuno or director. Page 4 should be execute the certificate, writing the word "bending" in pencil in lem 18. Give Pages 1, 2, and 3 to the tuno or director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board office, or its designated agent, prior to burial, cramation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10115

10121 DICAL DAMINER	CERTIFICATE		
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (V	/here decassed fixed, if institution:	Residance before admission)
Gecil MARYLAND	Rd.	b. COUNTY Cec:	il .
b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outs	de corporata limits, write RURAL a	nd give nearest town)
Port Deposit , Rural , many years	Port Demosit	Rural	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		o. 15 RESIDENCE ON A FARM? YES A NO
3. NAME OF First Middle		DATE Month	Day Year
(Type or print) Noral Prestor		DEATH O	5 19 61
	. DATE OF BIRTH	19. AGE (In years , IF UNDER	
III WIDOWED I DIVORCED []	lay 3 1883	lest birthday) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working lile, even if retired)	11. BIRTHPLACE (State or for	sign country) 12. C	ITIZEN OF WHAT COUNTRY
House wife	Md.		A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William Fletcher	Sally	Heaton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (Illyesgivewererdetesefservice)		Address	
TO Name	Greswell	Pert Depesit	real
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	lymond 97686622	TALC DEDARTOS -1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
MMEDIATE CAUSE (a) Cerebral Hemmore	hage with para	Lys1s	
DUE TO			
Conditions, if eny, which (b)			
(e), stating the underlying DUE TO			
causa last. (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN PA	
			YES NO 1
200, EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or I	Part II of item 18.)	110 [] 110 22
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
4	CE OF INJURY (Homa, farm, 20	H. (City or town) (Co	ounty) (State)
Hour a.m. While Not While Pac			
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspe	ection 🛣 Inquiry 📆	and in my opinion
death resulted from Natural causes . Accident . Suid	parent parent	Undetermined manner	
	CHIEF MEDICAL EXAM		_
ACTUAL DIPARTED A DE	' 1		7. T. C.
SIGNATURE VICTORIA	MD. ASSISTANT MEDICAL I		DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAM		0.5.67
NAME (Type) R.C. Dodson	Rising Sun		
28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		LOCATION (City, town, or count	
Burial 9-8-1961 St. Pauls	Cemetery F	ocks, Harford	Co. Md
73. FONERAL DIRECTOR ADDRESS	24e. REC'D BY	REGISTRAR 24b. REGISTRAR'S	SIGNATURE
10/11 (alle amed In Perrovi)	le Md . DATE SEP :	R 761	
	THE PERSON OF TH	3 01 1 O.T.	8 14

VS. A15ME

ſ. . 1 D. IT. BIST a contract to -

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 122MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY director. Page or your files. pard of Health, b. COUNTY Cecil Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporete limits, write RURAL and give negrest town) write RURAL and give nearest town Elkton l hr. Childs for you d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS . IS RESIDENCE ON A FARM? Union Hospital YES NO 5 State NAME OF 4. DATE Yaar DECEASED (Type or print) John S. DEATH Rees Sept. 22 19 with 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. Page 5 may 1 is 1 and 2 with in 72 hours af lest birthday) Male August WIDOWED F DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Storekeeper Owner Maryland J.S.A. pages within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Rees Catherine Spence File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or detes of service) Office along with burial-transit perm Mrs. Margaret Bouchelle Rees 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute Coronary occlusion hrs. IMMEDIATE CAUSE (e) Office **DUE TO** Cardiac condition for over a year Conditions, if any, which (b) gove rise to Immediate couse 65 **DUE TO** (e), stelling the underlying cause last. Meu. should be cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY 0 PERFORMED? NO 😾 CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Port II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. 20f. (City or town) Month, Dev. Year (County) (State) ICAL de to the C factory, street, office bldg., etc.) Not While While to the OR: P prior at work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X and in my opinion lease execute the certific I should be forwarded to FUNERAL DIRECTOR its designated agent, p death resulted from: Natural causes 3 Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Rising Sun, NAME (Type) R. Dodson DEPU 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫ **4** 0 ₽ Rur ia Newark. Delaware Head of iana Cemetery. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SEP 2 7 '61 ather & thouse VS. AISME Elkton. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



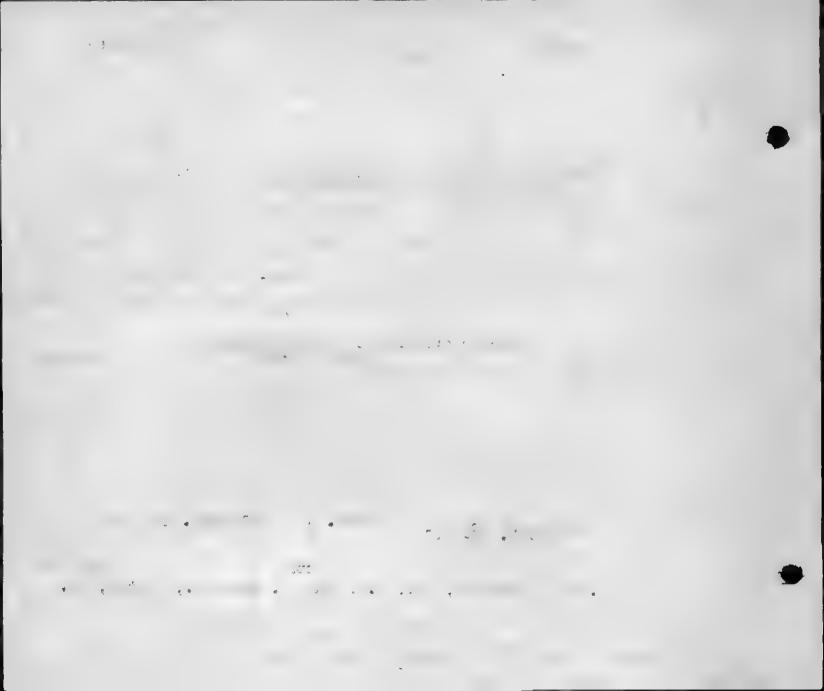
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10117

]	PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased I ved, If institution; Residence before admission)
11-	COUNTY CECIL MARYLAND	e. STATE MID	6. COUNTY HARFORD V
	b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY N 1b	c. CHY OR TOWN (I outside co	rporata limits, write RURAL and give nearest town)
	write RURAL and give neerest town)		-/
	L. I/TION I. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	HAVREDE G	e. IS RESIDENCE
1 "	n' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. SIRELI ADDRESS	ON A FARM?
/	DIVINE NORSING HOME		YES NO
	NAME OF ALL First E Middle	Last A. DATE	Month Dey Yeer
1	(Type or print) / // / / / / / / / / / / / / / / / /	CHADSON DEAT	H SEPT. 13, 1961
5. 5	SEX 6. COLOR OF RACE 7, MARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR JUNDER 24 HRS.
IF	EMALE WHITE WIDOWED DIVORCED TO	XJAN.11566	Jast birthday) Months Days Hours Min.
100.	. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, of	
	Have SE WIFE PETIPED	110	7154
13	HOLSE WIFE ITELLIFED	14. MOTHER'S MAIDEN NAME	
	HONN WEDNES	77	Cittlen
	OUTN WEITHER) ITZLER _
	t table	NFORMANT	Address M MA
	- nl	rs. Dorothy SpEA	RER. Havride Grace MO.
I	18. CAUSE OF DEATH [Enter only one cause per line for (a , (b), and (c,)		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY, MMEDIATE CAUSE (a) Arterioscleroti	c cardiovascul	
		neart disease	4
	Control of the contro	leaf.c GIReage	unknown
	gave rise to immediate cause		
	(a), stating the underlying DUE TO		
	ceuse fast. (c)	A DELATED TO THE VERMINAL DISEASE	E COURT TON CRUST IN DART WAS A PROPERTY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	M KELATED TO THE TERMINAL DISEAS	PERFORMED?
U L			_ YES NO .
CERTIF	200. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	. (Enter neture of injury In Part I or Part	I I of Item 1B.)
쁜	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (C	ity or town) (County) (Stefa)
	Hour a.m. While Not While et work et work	ory, street, office bldg., etc.)	
		10 05 1	Sept - 13, 1961, that (I) (we) last
MEDICAL			
MEDICAL	21. certify that (I) (this hospital) attended the deceased from		
MEDICAL	saw the degreesed alive on Sopt 1961, and that		om the causes and on the date stated above.
MEDICAL	saw the deceased alive on Sept	ATTENDING MED.	om the causes and on the date stated above.
MEDICAL	saw the deceased alive on Sept 1961, and that	death occured ab Affector ATTENDING MED. DIRECTOR	om the causes and on the date stated above. 22b DATE
MEDICAL	saw the deceased alive on Sept 19 61, and that 22e SIGNAVER	death occured ab. Africation of the first occured ab. Africation of the first occured ab. Africation of the first occured ab. Africation occurs of the first occurs	om the causes and on the date stated above. STAFF PHYS. 9/13/61
MEDICAL	saw the deceased alive on Sept	D. PHYS. DIRECTOR 22d. ADDRESS D. 233 E. Mai	om the causes and on the date stated above. 22b DATE SIGNED 9/13/61 St., Elkton, Md.
WEDICAL 230.	saw the deceased alive on Sept	D. PHYS. DIRECTOR 22d. ADDRESS D. 233 E. Mai	om the causes and on the date stated above. 22b DATE SIGNED 9/13/61 St., Elkton, Md. CATION (City, lown or county) (State)
WEDICAL 230.	saw the deceased alive on Sept	D. ATTENDING DIRECTOR 22d. ADDRESS D. 233 E. Mai.	om the causes and on the date stated above. 22b DATE 22b SIGNED 9/13/61 2 St., Elkton, Md. CATION (City, lown or county) PEPE GRACE MD
WEDICAL 230,	saw the deceased alive on Sept	D. ATTENDING MED. DIRECTOR 22d. ADDRESS D. 233 E. Mail OR CREMATORY 23d. LO HAVE 10250 REC'D BY REG	om the causes and on the date stated above. 22b DATE 22b DATE SIGNED 9/13/61 2 St., Elkton, Md. CATION (City, lown or county) PEDE TRACE MD ISTRAR 25b. REGISTRAR'S SIGNATURE
WEDICAL 230,	saw the degrased alive on Sept	D. ATTENDING DIRECTOR 22d. ADDRESS D. 233 E. Mai.	om the causes and on the date stated above 22b DATE 22b DATE 9/13/61 8 St., Elkton, Md. CATION (City, lown or county) PEDE GRACE MD



ofter death. Page 4 e funeral director, and 2 shauld be filed with TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by age 3 should be detached for use as the buriol-transit permit. Then please remaye corbon mapers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in ony event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10124

CERTIFICATE OF DEATH

10118.

1. PLACE OF DEATH o. COUNTY			<u> </u>		2, USUAL R	ESIDENCE (WI	here decease	d lived. If institu		e before adm	ission)
Cec	11			MARYLAND	O. SIAIE		ınd	b. COUNT	Y Cec	il	
b. CITY OR TOWN (I RURAL ond give no	f autside corporate limi prest town)	its, write	c LENGTH OF	STAY IN 16	c. CITY	OR TOWN (If a	outside corpo	prote limits, write	RURAL ond	ive nearest to	wn)
Elkto	n		4 wk	s	X Ru	ral -	N	orth Es	ast,	Maryl	and
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	oddress)		d. STREE	T ADDRESS				e. fS R	ESIDENCE A FARM?
Union	Hospital	of (Cecil C	ounty	Ro	ute 1					□ NO □
3. NAME OF DECEASED (Type or print)	Cordelia		A	Aiddle	Roar	Lost K	4. DATE OF DEATH		ember	Doy	Yeor 1961
5. SEX	6 COLOR OR RACE	7. MARI	RIED NEVER A	AARRIED 🗍	B DATE OF B	IRTH		9 AGE (In year	IF UNDER	YEAR IF UN	
Female	White	WIDOW	ED 🔀 DIV	ORCED 📋	June 1	20, 18	374	lost birthday)	Months 5.	Days Hour	s Min.
10a USUAL OCCUPATION during most of work	DN (Give kind of work ing life, even if retired Wife)	done 10b.	KIND OF BUSIN	ESS OR INDU		HPLACE (Stole rth Ca			12 CITI	U. S.	
13. FATHER'S NAME						R'S MAIDEN N					
Moses	Price				Al	media	Pope				
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO.	NFORMANT			/ Ad	ldress		
Mo	july give nor a social or a		None	7	r. Du	ffie I	. Ro	ark, No	orth E	last,	I'd.
Conditions, if or gove rise to it cause (a), stoting lying couse lost.	ny, which (b		Chevil 2	/	Arteria	TO THETERMI	MAL DISEAS	E CONDITION G	IVEN IN PART	3 y.	S AUTOPSY FORMED?
	CAUSE OF DEATH		CRIBE HOW INJU								
20c. TIME OF INJUR Hour o. m. p m.	Y Month, Doy, Ye	or 20d. I While of wor	NJURY OCCURRE Not while t of work	D 20e. Pi	ACE OF INJUI clory, street, o	RY (Home form ffice bldg., etc	20f (City	y or town)	(C	ounly)	(Stote)
21. I certify the alive on	at attended the	194 14. 14.	/ 4	that death	, 19 £			the causes a treat, city or town	ind an the		
22a. 8URIA., CREMATIO REMOVAL (Specify)	N 226 DATE THEREC)F	22c. NAME OF	CEMETERY C	R CREMATOR	Y	22d. LOCA	TION (City, town	, or county)	(5)	tote)
Rurial	Sept 19	/61	~	n Man	or Men	.Park	7	cton,	Ma	- U	d
23. FUNEXAL DIRECTOR	5. Hick	SE1	ADDRESS kton. I	Maryla	nd	24g. REC'	D BY REGIST	0.00	Cistrar's sic		



1 FOR STATE HEALTH DEPT. TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any consistency, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funes acrettor. Page 4 should be forwarded to the Chief Medical Examiner Office alone with form PM3. Page 5 my in retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burish-fransit permit, File pages 1 and 2 with the State Board of Tabeth, or list designated agent, prior to burish, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

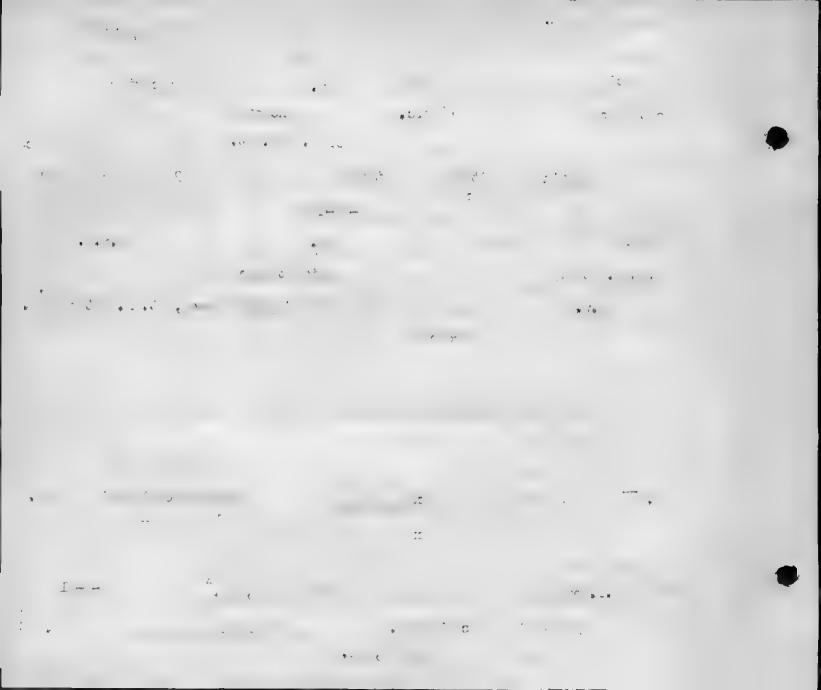
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Walk Sur all			10	
1. PLACE OF DE	ATH		2. USUAL RESIDENCE (V	Where deceased lived, If Institution	
	ecil	MARYLAND	e, STATE Del.	b. county New Ca	etle
b. CITY OR TOV	NN (if outside corporate limits, Lend give nearest town)	c. LENGTH OF STAY IN 16	البالك ومشراه المساور المساور	ida corporata limits, write RURAL a	
Elkt	SPITAL OR INSTITUTION (IF not In	2 wice	Newark.	R_D_2	
d. NAME OF HO	DSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	7.1	IS RESIDENCE ON A FARM?
Devi	ne Nursing Hame				YES NO
DECEASED		Middle		DATE Month OF	Day Year
(Type or print)	Laure		cett	DEATH 9	28 19 61
5. SEX	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER	
F		WED DIVORCED	3-15-1872	B9 ym, Months	Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (State or for	wigh country) 12. C	TIZEN OF WHAT COUNTRY?
House			Delaware	TI	S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		do de d
Ne	records		no records		
15. WAS DECEASED	D EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
Tes, no, or unkown	i) (If yes give were redetes of service)		Mys. Charles M	iles, Newark Del	p n 4
	F DEATH Enter only one cause p	er line for (a), (b), and (c).	WING OTHER TEN W	Tree Wewark Der	INTERVAL BETWEEN
	EATH WAS CAUSED BY:				ONSET AND DEATH
611		rebral ambelisa			6 hrs
0 0	DUE TO				
Conditions, if	eny, which (b)	cute Pyelitis			Zwies •
(e), stating th	Se print you				
cause lest,	J (c)				
PART II. O	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAI	TT (a) 19. WAS AUTOPSY PERFORMED?
7					YES NO 1
208. EXTERNA PRIMARY O	L CAUSE WAS 206. DES	CRIBE HOW INJURY OCCURED. (E	niar nature of injury in Part I or I	Pert II of item 16.)	
	VIII. — _	ractured right h	des mann at the		
20c. TIME OF	INJURY Month, Day, Year 20	d. INJURY OCCURRED 200. PLAC	E OF INJURY (Homa, farm, 21	(Cily or town) (Co	uniy) (Siale)
Thour a			ry, street, offica bldg., atc.)		
	y that I took charge of the r			ection Inquiry	and in my opinion
death results	ed from: Natural causes	Accident Suici	de Homicide	Undetermined manner	7
	a an		CHIEF MEDICAL EXAMI		_
ACTUAL	1/1 Vento	CLAIRIA	ASSISTANT MEDICAL I	-	DATE SIGNED
SIGNATURE	7.0000		M.D. DEPUTY MEDICAL EXAM		DAIL SIGNED
EXAMINER'S NAME (Type)	R C Dodson		Rising Su		9-30-61
220. BURIAL, CREMA REMOVAL (Spe	ATION, 226, DATE THEREOF	22c. NAME OF CEMETERY OR		LOCATION (City, lown, or country	
Burial	Oct.2,1961	Head of Chri		ewark, Delawar	
23. FUNERAL DIRE	OTOR	ADDRESS CO		REGISTRAR 246. REGISTRAR'S	. 1 4
11.1.	Jones Your	ade ADU	DATE OCT	4 '61 arthur.	d. Thomas
- 7					

I. * 1 16 Jus 31 1-(2-J.C. 7 0

Item 20 Film 295 9-19MARYEAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE HEALTH DEPT** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, if institution, Residence before edmission) or your files. a. COUNTY e. STATE **b.** COUNTY Cecil MARYLAND Lancaster c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (If outside corporets limits. C. LENGTH OF STAY IN 16 write RURAL and give neerest town? 78 hrs. Lancaster Port Deposit Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6 d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2 with the State R. 35 S. Am. St. YES NO T ould be executed within 24 hours after death, If any of in pencil in Item 18. Give Pages 1, 2, and 3 to the fune NAME OF Middle DATE Month Year DECEASED OF (Type or print) 8 19 61 DEATH Steffy Me livi n Strobm after 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. age 5 may 1 and 2 wit 72 hours last birthday Months Days Hours Min. WIDOWED [DIVORCED Q---7 Q---7 Q7 8 YIS. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) Laborer within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Effic Strobes event Ivan W. Steffy permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) | (Ifyesg.vewarordelesofservice) Ivan W Steffy, 60h0 Lemon, St. E. Petersburg. MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 9 Office along burial-transit p ONSET AND DEATH PART J. DEATH WAS CAUSED 8Y. Pue Drawned IMMEDIATE CAUSE (a) Office DUE TO removal Conditions, if eny, which "pending" pave rise to Immediate cause Medical Examiner's chould be used as a **DUE TO** (a), steting the underlying 6 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E TO FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Port I or Part II of Item 18.) 20n. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Was repairing boat in Susquenhanna River Marina Boat Wharf CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 1 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.] While Not While Port Deposit Cecil Md. el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED HUWEN DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) R.C. Dodson Sun Many 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Ruri A Liscoln Co Lincoln 23- FUNERAL DIRECTOR 24 RECEPTIVE TERMS 24b. REGISTRAR'S SIGNATURE VS. AISME SEP 13 '61 Circling S. House Rising Sun. Md. 5M 9/60



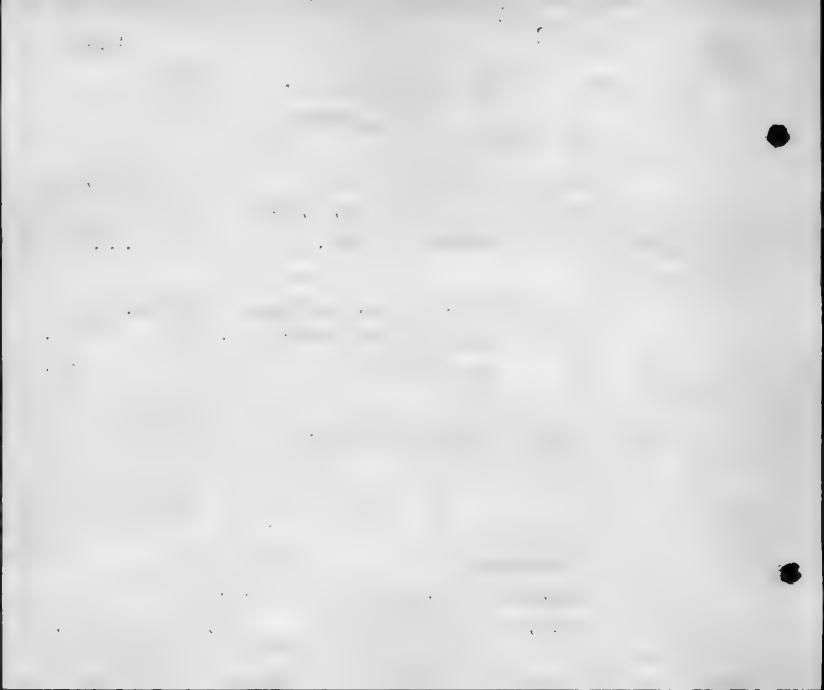
	KAKTLAND STATE DEPA	KIWENI OF HEAL	n
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 30	01 W. PRESTON STREET.	BALTIMORE 1, MARYLAND
10127	CERTIFICATE (10121

Union Hospital 3. NAME OF DECEASED (Type or print) John Edward Waecker Dearth September 15, 1961	k (/ 1.	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, If 'nstitu	tion: Residence before admission)
b. CITY OR TOWN Id quiside corporate .mits,	1	-000 B 10				b. COUNTY	**
Elkton O. NAME OF ROSPITAL OR NSTITUTION [if not in hospita, give street address] Union Hospital Sassafras d. NAME OF ROSPITAL OR NSTITUTION [if not in hospita, give street address] Union Hospital NAME OF DECERSED ITEM SOURCE TO BETT SETTING ON A FARM YES ON A FARM YES ON ON A FARM YES OF ON A FARM YES OF ONE OF THE MORE IN J. S. AGE (In years If UNDER 24 HAS IN J. S. AGE (In years If UNDER 24	-		ide corporate mits			viteda composito igute vienta DID	
d. NAME OF HOSPITAL OR NSTITUTION (if not in hospits, give direct address) Union Hospital 3. NAME OF BEATH September 15. Widd.e. Midd.e. Midd.e. Midd.e. Midd.e. Midd.e. Macker September 15. 1961 S. SEX 6. COLOR OR RACE 7. MARR.ED 10 INVER MARRED 10 INVER MARRED 10 INVERT MARRED 10 IN		write RURAL and give	neerest town)	C. ERIGITI OF STAT IN		pulsing corporate intils, will a koki	At and give realest lown)
Union Hospital NAME OF DECEASED First				· · · · · · · · · · · · · · · · · · ·			
Union Hospital Interest Inte		d. NAME OF HOSPITAL O	R NSTITUTION (if not in hosp	ita, give street address]	d. STREET ADDRESS	1.4	e. IS RES DENCE ON A FARM?
DECERSED Type or print) John	2	Union Hospita	1			4 /	YES NO
Edward Waecker 5. SEX 6. COLOR OR RACE 7. MARRED NEVER MARRED B. DATE OF BRITH 9. AGE (In years E LANDER 24 MS Inst bindary Months Despired DIVORCED B. DATE OF BRITH 10s. JSUAL OCCUPATION (Give and of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 10c. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 10c. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 10c. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 11s. MARDER STAND OF ALL SECURITY NO. 17. INFORMANT 11s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 11s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 11s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 11s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 12s. AS A 9499 Mrs. Anna Waecker, 12s. Address 14s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 12s. AS A 9499 Mrs. Anna Waecker, 15s. WAS DECEASED EVER IN J.S. ARMED FORCES? (c) what Country (Yes, no, or unknown) (If yes give war or dates of service) 11s. CAUSE OF DEATH (Errier only one ceuse per ine for (c), (b), and (c).) 12s. AS A 9499 Mrs. Anna Waecker, 15s. WAS DECEASED EVER IN J.S. ARMED FORCES? (c) what Country (Yes, no, or unknown) (If yes, no, or unknown) (If	3.		First	e.bbiM	Les*		Dey Year
Male White Widowed DIVORCED June, 19,1884 77 yes. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired done during most of working life, even if refired Carpenter 13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTR CONSTRUCTION 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIA. SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per ine for (e); (b), end (c).] PART I. DEATH WAS CAUSED BY. Multiple embolism and thrombosis. Washing to unimediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions DUE TO Conditions			John	Edward	Waecker	DERTH.	NOT 15 1961
Male White Widow Divorced June, 19,1884 777 yrs. Months Doys Hours Min. Ioe. JULA OCCUPATION (Give xnd of work done during most of working life, even if refired) 10. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (County & State or fore go country) 12. CITIZEN OF WHAT COUNTR Carpenter Tis. MAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Is. CAUSE OF DEATH [Enter only one cause per .ine for (e). (b), and (c).] PART I. DEATH WAS CAUSED BY. Multiple embolism and thrombosis. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which Gangrene rt log, far-advanced arteriosclerasis. PART II. OTHER S GN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II. (a) IV. WAS AUTOPS PART II. OTHER S GN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II. (b) IV. WAS AUTOPS PART II. OTHER S GN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II. Cangrene rt log, far-advanced arteriosclerasis. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH Hour a.m. 19 State OR CONTRIBUTING CAUSE OF DEATH While Not While Not While Part III. OTHER S GN FIGANT CONDITIONS (COURED, (Enter nature of injury n Part I or Part II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH While Not While Not While Part III. OTHER S GN FIGANT COURTED OR CONTRIBUTING CAUSE OF DEATH Hour a.m. 19 State OR CONTRIBUTING CAUSE OF DEATH While Not While Not While Not While While Not While OR CONTRIBUTING CAUSE OF DEATH While Not While OR CONTRIBUTING CAUSE OF DEATH	5.	SEX 6. C				A.	
100. JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIA. SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per infe (or (a), (b)), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART II. OF INJURY SOLITION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(b) If some couse per infe (or (a), indicated and the couse last. PART II. OF INJURY MONTH, Day, Year 20d. INJURY OCCURED. (Enter nature of injury in Part I or Part II of them 18.) 10. COUNTY MAIL OF INJURY Month, Day, Year 19 on work all work and work in work and		5 A B	J.L.			lest birthday) Mon	
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21. I certify that (I) (this hospital) attended the deceased from June 19.61, to 15 Sept. , 19.61, that (I) (we) is		(IF EITHER, NOTIFY MEDI	CAL EXAMINER)				
21. I certify that (I) (this hospital) attended the deceased from. June 1961, to 15 Sept., 1961, that (I) (we) is	5					20f. (City or town)	(County) (State)
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12 4344 632			I) (this hospital) attend	lad the decessed fro	June 10	61 to 15 Sept	10 DI that (I) (wa) last
I saw the deceased alive on TN, TN, The date stated above		1				344 6 3 5	
			1146 OU "45" LAX'E	, and 1	ual death occured airtin	M, itom the causes and	22b. DATE
ATTENDING MED. STAFF		14 m 11 /2 an	Alle In		DILLING E DIG		TAGAB
Washer y warther		Warren .	Charleton	W	711 07	ECTOR PHTS	
NAME (Type)		NAME (Type)			1	16-	
Wallace Obenshain, M.D. Cecilton, Ma.		Wa	Llace Obensha:	in, M.D	Cecity		
236. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (5tate)			236. DATE THEREOF	23c NAME OF CEMETE	RY OR CREMATORY	23d, LOCATION (City, town or	county) (State)
	23	DEMOVAL (Specify)					
		REMOVAL (Specify)	Sept.18.1961	Galena Ceme	terv	Galena, Kent Co	Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	E	Burial	Sept.18,1961	,			AR'S SIGNATURE

TO HOSPIX

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Pager may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



		MARYL	AND	STATE DEPARTM Item 22 Fil	NENT OF HEALT	H-BÁI	LTIMORE, 1	8		
		10128		CERTIFIC	ATE OF DEAT	H mh		Reg. Dist.	No.	
1	1 PLACE OF DEATH a. COUNTY Cecil 2. USUAL RESIDENCE (Where deceased lived. If institution Residual efficiesion) b. COUNTY Cecil Maryland Cecil									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and gue nearest town). Lifetime Elkton Lifetime Elkton									wn)
	d. NAME OF HOSPITAL (If not in hospitof, give street oddress) OR INSTITUTION Union Hospital 129 East Main St.								ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Edith	t	Middle S •	lost Walmsley	4. DATE OF DEATH	Mon	th	24	Yeor 1961
S.	F.		7. MARR	IED NEVER MARRIED DE DIVORCED DE DIVORCED	B. DATE OF BIRTH 11/22/18	383	9. AGE (In years last birthday) 77 yrs.	Months Do		
10	10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) Housewife **Maryland** **U.SA**									
13	13. FATHER'S NAME Frank R. Scott. Rachel J. Wilson									
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes, give war or deles of service) Mrs T. Coleman Johnson Wilmington, Del									
	IB. CAUSE OF DEATH [Enter only one cause per line for (q), (b) and (c).] PART I. DEATH WAS CAUSED BY Careinoma of the bladder SMMEDIATE CAUSE (a) DUE TO									
	Canditians, if any, which gave rise to immediate couse (a), staing the <u>under-lying couse lost.</u> (b) DUE TO (c)									
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CERTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part 1 or Pa	ort II of item 1B.)			
S.										(State)

at work at work

21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at_____ _M, fram the causes and an the date stated abave. 233 E. Main Street

ACTUAL SIGNATURE Elkton, Maryland PHYSICIAN'S NAME (Type) 3. Ralph Andrews, Jr., M.D.

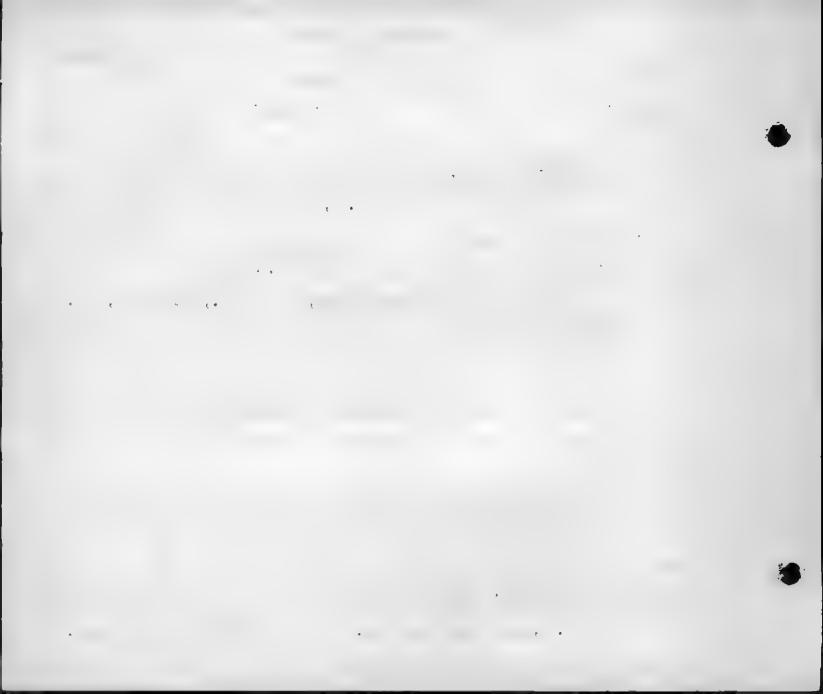
220 BUR:AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) G/26/4/	22c. NAME OF CEMETERY OR CREMATORY Elkton	22d. LOCATION (City, town, or county) (State Elkton, Md.	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Elklow, May DATE	BEP 2 7 261	
N. Walle Con 100-1	PDATE	OCT - 1 GI CLILL OF	

Orthon & Know



10128 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence of o. COUNTY COCIL filed b. COUNTY M MARYLAND Maryland Cecill b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give necrest town) 9 Port Deposit Rural Port Deposit Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 📋 NO 📆 .5 NAME OF 4. DATE Aiddle Day Year OF DEATH Llovd (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (in years lost bigthday) IF UNDER EYEAR IF UNDER 24 HRS 5. SEM House Min. DIVORCED | 66 WIDOWED [7] Aug. 7. 1895 YCS 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ' 12 CITIZEN OF WHAT COUNTRY? Laborer Various Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas White Carrie A. Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 218-20-5523 Pearl White. 21 Pine St., Wilmington, Del. Yes 1B. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cattse (a), stating the under-TEROOCIEROSISlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMEDA YES NO A 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m. Not while of work ol work 21. I certify that I attended the deceased fram. that Flast saw the deceased and that death accurred at 7.30 M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Clarence Ik I. Benson 6 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Still Pond Burial Still Pond [Col. Sept. 23. FLINERAC DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE hestertown, Md. Coming S. House 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4		Forestors: After this certificate has been signed by the attending physician and campletely filled in	d be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and Tshauld be filed with	
ATTENDING PHYSICIAN: The law requires that	by the haspital ar attending physician.	XMECTOR: After this certificate has been signed by th	d be detached far use as the burial-transit permit. Th	the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10130 Reg. Dist. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil MARYLAND Maryland Kent b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give neorest town] 3 months Chestertown Cecilton. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Park Row e. IS RESIDENCE ON A FARM home of sister YES NOT Year 61 NAME OF First Middle 4. DATE Last Month OF DEATH Sept (Type or print) Willis Emma Emily) MADIN W 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Dovs female White WIDOWED TXX DIVORCED | Jan. 19. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Marvland usa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lee Alderson Ella Warren 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 218-16-9908es 9905 Mrs. E Wm. Lynch Chestertown. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the ovary with metastases DUE TO Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED P YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour a. n. While Not while at work of wark June 3800 21. I certify that I attended the deceased fram 61 that I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) Sept 6 Cecilton.Mi. SIGNATURE PHYSICIAN'S NAME (Type) Wallace Ohenshain, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria! Sept Chester Cemetery Chestertown, 2 23. FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cirching S. Flowers DATE 15M 9/55

FOR STATE HEALTH DEPT.

TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, please execute the certificate, writing the word "pending" in pencil in hem 18. Give Pages 1, 2, and 3 to the formal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				0405
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where dec		sidence before edmission)
Cecil	MARYLAND	e. STATE Pa.	Montgomery	
b. CITY OR TOWN (if outside corporete lim	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rete fimits, write RURAL end	give neerest town)
write RURAL end give nearest town) Frederick Town	Visit	Marion Stat	ion	
d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		. IS RESIDENCE
		Manoir Apt.	75X-	3 YES NO
3. NAME OF First DECEASED (Type or print)	Edwar d	Winters OF DEATH	Month 9	De 4 Year 61
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	2-23-1906 9.	AGE (In years IF UNDER 1) last birthday) Months D	YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of working life, even if retire Asst. Controller	Bell T. Co.	Jamestown, R		U.S.A.
James: F Winter	's	14. MOTHER'S MAIDEN NAME TVY Willoughb)¥	Maria ta
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes nive war or dates of	CES? 16. SOCIAL SECURITY NO. 17		Address Mer	ion Sta. Pe
18. CAUSE OF DEATH [Enter only one				I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	Acute Corona	ry Occlusion		ONSET AND DEATH
IMMEDIATE CAUSE (a)			the second secon	
Conditions, if any, which (b)				
gave rise to immediate ceusa				· · · · · · · · · · · · · · · · · · ·
(a), stefing the underlying DUE TO				
(6/	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	ONDITION CIVEN IN PART	Itali 10 WAS ALITOREY
E I		THE PERSON OF TH	orion or ar ar ar ar ar	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 2 CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of i	tem 18.)	YES NO
	er 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Homa, ferm, 1 20f. (City	or town) (Coun	(State)
20c. TIME OF INJURY Month, Dey, Ye Hour a.m. 19		tory, street, office bldg., etc.)	or lowny (Coun	(Stele)
21. I certify that I took charge of	of the remains described above, he	eld an Autopsy, Inspection	Inquiry .	and in my opinion
death resulted from: Natural ca	auses Accident Suid	ide . Homicide . Und	etermined manner	
1 / Wasa	3 - 0	CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	to chaon to	ASSISTANT MEDICAL EXAMINE	R 🔲	DATE SIGNED
EXAMINER'S R.C.Do	odson	DEPUTY MEDICAL EXAMINER [Md.	9-4-61
23. BURIAL, CREMATION, 225 DATE THERE	OF 22c. NAME OF CEMETERY O	- A 14	ON (City, Jown, or country)	(State)
removal (Specify) Sept 7/	961 West Laury	Hill Crimating J.	hila .	Oa.
Colevard Fell	our Millingto	DATE SEP 7 '61		
1-1-	7	-		

C. C. C. 4 BY 75 .T. \$ * * were the second the dallard out to be to be the day of the 4 4